

# Employment Application Form

This information is collected for the purpose of assessing your suitability for employment. Applicants must complete this form personally, answer all questions, and sign the declaration. All applicants have the right to access personal information and to request any correction necessary to ensure its accuracy. The Employment Application Form and your CV will be retained for 12 months then may be destroyed unless you request your CV to be returned to you.

<b>Role applied for</b>	
<b>Employer</b>	
Name	
Address	
Mobile number	
Email address	

## Personal Information

Do you have permanent residency in New Zealand?	Yes	No	
If not, are you legally entitled to work in New Zealand?	Yes	No	
Do you have a valid driver licence?	Yes	No	Class:
Do you have any criminal convictions or court action pending?	Yes	No	
If yes, please detail. (We may check this against <a href="https://www.police.govt.nz/service/vetting">police.govt.nz/service/vetting</a> )			
Do you give us permission to carry out a police check?	Yes	No	
Signature			

## Employment History

Please provide the following information about the last three positions you have worked in.

Employer name	
Role	
Key responsibilities	
Dates employed	from _____ to _____

Employer name	
Role	
Key responsibilities	
Dates employed	from _____ to _____

Employer name	
Role	
Key responsibilities	
Dates employed	from _____ to _____

## Education

What is your highest formal qualification? (e.g. NCEA level, Primary/ITO, Diploma, Degree)	
Please list any other relevant qualifications you have	

## Referees

**Please provide the names and contact details of three work related referees.**

In providing references I consent to the above named employer seeking verbal or written information on a confidential basis about me from my referees. I authorise the information sought to be released by them to the above named employer for the purposes of assessing my suitability for this role. I understand that the information to be received by the above named employer is supplied in confidence as evaluative material and will not be disclosed to me.

Name	
Phone number	
Nature of relationship	

Name	
Phone number	
Nature of relationship	

Name	
Phone number	
Nature of relationship	

## Health

Have you had an injury or do you have a medical condition caused by gradual process, disease or infection (for example hearing loss, sensitivity to chemicals, occupational overuse or repetitive strain injuries, stress or depression), which the tasks of this job may aggravate or contribute to?	Yes	No
	If yes, please detail:	
Do you have any health or physical condition which may affect your ability to effectively carry out the functions and responsibilities of the position you have applied for?	Yes	No
	If yes, please detail:	
I agree to attend a medical practitioner if requested by the above named employer	Yes	No
I agree to undergo a drugs test if requested by the above named employer	Yes	No

## Declaration

I \_\_\_\_\_, declare that the answers to the questions in this application are true and correct.

I understand that if any of the information is proved to be false or misleading or any relevant information is left out on this form or any other supporting documents, e.g. CV, then this may lead to my application being rejected or if appointed to a role, then I may be instantly dismissed.

Signature		Date	
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